

**Department of Health and Family Services
Office of Strategic Finance**

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To: Family Care Pilots

From: Monica Deignan
Center for Delivery Systems Development

Subject: Family Care Enrollees Who Have a Medicaid Deductible

Family Care pilots have raised several questions about how to deal with Family Care enrollees who periodically lose Medicaid eligibility because they have excess income and must meet an MA deductible (sometimes called a “spend-down”). The attached brochure, “Wisconsin Medicaid Deductible” provides a general description of how the deductible process works and how an individual can meet the deductible in order to maintain or reinstate Medicaid financial eligibility. (You may request additional copies from Barb Albrecht at the Department of Workforce Development via e-mail: albreba@dwd.state.wi.us or fax: 608/267-2932). The brochures are available free of charge. Include the number of copies needed and your mailing address in your request. For more specific information, please consult your County Economic Support Unit.

When an enrollee has a Medicaid deductible and does not immediately meet it, he or she loses Medicaid eligibility until/if/when the deductible is met. Fortunately, there are relatively few enrollees affected by Medicaid deductibles (less than 0.2% of current Family Care enrollees have a Medicaid deductible.)

The implications for individuals and for the CMO are that the CMO may need to:

1. Answer an affected enrollee’s questions about and help explain eligibility notices.
2. Help an affected enrollee to understand what the deductible is and how it can be met.
3. Help an affected enrollee to anticipate periods of Medicaid ineligibility, and understand the options to prepay the deductible and/or gather documentation needed to meet a Medicaid deductible.
4. Provide an enrollee with more help to coordinate health care services during periods when he or she is ineligible for Medicaid coverage for prescription drugs and primary and acute health care services.

5. Refer an enrollee to Economic Support in order to meet the deductible and/or have Family Care financial eligibility redetermined.

Enrollees who temporarily lose Medicaid eligibility because they have not met their deductible may still be eligible for, and in some cases entitled to, Family Care. For enrollees who have an unmet Medicaid deductible, the Economic Support Unit will use Family Care non-MA eligibility criteria to determine financial eligibility.

If an enrollee with an unmet Medicaid deductible meets Family Care non-MA financial eligibility during periods of financial ineligibility for Medicaid and...

... meets: a) the comprehensive level of care; or, b) the intermediate level of care and has APS needs; or, c) meets the criteria for grandfathering regardless of level of care ? the enrollee is still eligible for and entitled to Family Care and may not be disenrolled ? Family Care services will be funded during periods of ineligibility for Medicaid using limited non-MA Family Care funds.

... meets only the intermediate level of care and has no APS needs ? the enrollee is still eligible for but is **not** entitled to Family Care, and may be disenrolled since there is currently no funding available for people at the intermediate level of care who are not MA-eligible.

Please review this information with appropriate staff in your agency to ensure that the needs of enrollees affected by a Medicaid deductible will be addressed. If you have questions, please contact Charles Jones at 608/266-0991 (E-mail: jonescm@dhfs.state.wi.us).

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